Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Phone

Account Number : FCA000000023

: (850)222-1092

Fax Number

: (850)878-5926

REGISTERED AGENT CHANGE

3001, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Corporate Filing Menu

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Electronic Filing Menu

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	ement of change is submitted for a corporation organized under the laws of the State of Louisland
1 7	in order to change its registered office or registered agent, or both, in the State of Florida. The nume of the corporation: 3001, Inc.
2. T	he principal office address: 10300 Eston Place, Suite 340, Fairfax, Va. 22030
3. T	he mailing address (if different):
4. E	Date of incorporation/qualification: 01/26/1995 Document number: F95000000427
	Date of incorporation/qualification: 01/26/1995 Document number: F95000000427 The name and street address of the current registered agent and registered office on file with the lorida Department of State: (If resigned, enter resigned) Bruce B. Bailey 4500 NW 27th Avenue, Suite D-1
	Bruce B. Bailey
	4500 NW 27th Avenue, Suite D-1
	Gainsville, FL 32606
	The name and street address of the new registered agent (if changed) and /or registered office if changed):
	C T Corporation System
	c/o CT Corporation System, 1200 South Pine Island Road
	(P.O. Box NOT accomable)
	Plantation, Florida 33324
	e street address of its registered office and the street address of the business office of its registered agent, changed will be identical.
Sug	th change was authorized by resolution duly adopted by its board of directors or by an officer so horized by the board, or the corporation has been notified in writing of the change.
3	(Sugnature of an other or director) Kathleen M. Salmas, Secretary (Profiled or Oped name and fulle)
of to	ereby accept the appointment as registered agent and agree to act in this capacity. In the agree to comply with the provisions of all statutes relative to the proper and complete performance my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this cument is being filed merely to reflect a change in the registered office address, I hereby confirm that the poration has been notified in writing of this change.
Ву	C T Corporation System
Ifs	signing on behalf of an entity:
M	T. FITZPATRICK ASST. SEFY.
	A REAL PROPERTY AND A PROPERTY AND A PARTY

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)